



1.28 Reporting Suspected TennCare Fraud and Fiscal Abuse

Application: All DCS employees, Contract Providers, and clients of this agency.

Authority: TCA-37-5-102, TCA-71-5-2601, TCA 71-5-2603, Deficit Reduction Act of 2005, Sec. 6032

Standards: None

Commissioner:

Date:

Original Effective Date: 10/25/07
Current Effective Date: 06/25/18

Supersedes: DCS 20.3 11/21/17
Last Review Date: 06/25/18

Glossary:

None

Policy Statement:

The Department of Children's Services will make every effort to support the Bureau of TennCare to discourage TennCare fraud and fiscal abuse.

Purpose:

Reporting suspected TennCare fraud and fiscal abuse is a requirement. The Office of Inspector General in coordination with the Tennessee Bureau of Investigation, Medicaid Fraud Control Unit, Federal Bureau of Investigation, Attorney General's Office, Department of Human Services and many other departmental offices have recovered millions of public health dollars. DCS employees, Contract Providers, and clients of this agency shall be provided with the definition of fraud and fiscal abuse and resource information available to report suspected cases of this type.

Procedures:

A. Reporting Fraud and Fiscal Abuse

1. Employees are encouraged to report suspected or known fraud and fiscal abuse. They may report TennCare enrollee fraud and fiscal abuse to the State of Tennessee Office of Inspector General, TennCare Fraud Division at 1-800433-3982.
2. Employees may report TennCare (Medicaid) provider fraud and fiscal abuse to the Tennessee Bureau of Investigation, Medicaid Fraud Control Unit at 1800-433-5454.
3. No retaliation of any nature is tolerated for the reporting of fraud and abuse to this agency or the Tennessee Office of Inspector General or TBI Medicaid Fraud Control

Unit. Whistle blowers are protected by federal law. Call the Provider Fraud and Fiscal Abuse Hotline if you have information on fraud and fiscal abuse by this agency. 1-800-433-3982 FRAUD AND FISCAL ABUSE HOTLINE.

Note: DCS and Contract Providers are required to have False Claims Act and TennCare Fraud postings in a common area in all facilities.

B. Definition of Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

C. Definition of Provider Fiscal Abuse

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement of services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid/ TennCare/Cover TN Program.

D. Types of Fraud and Provider Fiscal Abuse

Examples of cases that the Office of Inspector General investigates include unreported income or insurance, TennCare/Cover TN recipients living out of state, drug seeking behavior, incarceration, individuals receiving bills (or EOB statements) for services never provided, provider billing irregularities, over or under utilization of health care services, and misrepresentation of credentials. Provider fraud involves not only doctors, but nursing homes, home health, durable medical equipment, pharmacies, mental health facilities, laboratories, transportation and dentists, to name a few.

Forms:

None

Collateral Documents:

Posters:

[Doctor Shopping Is a Crime- Stop TennCare Fraud](#)